

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010565

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 2 U 1963

042

Primary Registration District No.

1000

Registrar's No.

359

STATE FILE NUMBER

VS 300
Rev. 4/59

1 5117

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Joseph,				Length of stay in 1b 55 years		c. CITY OR TOWN St. Joseph,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 410 Birch (Home of Daughter)				Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 301 South 12th Street	
3. NAME OF DECEASED (Type or print) First THOMAS Middle H. Last STODDART				4. DATE OF DEATH Month March Day 14 Year 1963			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 4, 1883	
9. AGE (last birthday) 80		10. KIND OF BUSINESS OR INDUSTRY Stationary Engineer		11. BIRTHPLACE (City and state or country) St. Joseph School District Clarence, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William H. Stoddart				13b. MOTHER'S MAIDEN NAME Frances Million		14. NAME OF HUSBAND OR WIFE Margaret C. Stoddart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Daughter Mrs. Dorthea Crowell-St. Joseph, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for the top and bottom) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Themia</i> DUE TO (b) <i>Old Arteriosclerotic Hypertensive</i> DUE TO (c) <i>Cardiac & Kidney disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal illness condition given in PART I (a) <i>Arteriosclerosis Gen</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>May 1951</i> to <i>3-14-63</i> and last saw him alive on <i>3-14-63</i> Death occurred at <i>10:30 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Do not write in ink) <i>Robert W. Kieber, M.D.</i>		22b. ADDRESS <i>St. Joseph, Mo</i>	
22c. DATE SIGNED <i>3-16-63</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 18, 1963		23c. NAME OF CEMETERY OR CREMATION Memorial Park Cemetery	
23d. LOCATION (City, town, or county) St. Joseph, Missouri		24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 19, 1963		26. REGISTRAR'S SIGNATURE <i>Wm. Clark Handall</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

MAR 26 1963

2117
2118

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Permit issued 2-15-63

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond H. Hoar

Licensed Embalmer No. 5147

P. O. Address

St Joseph's

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.